

400356

STANDARD CERTIFICATE OF DEATH  
FEDERAL SECURITY AGENCY  
U. S. PUBLIC HEALTH SERVICE  
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 5340

Registrar's No. 102

1. Place of Death: (a) County Gila (b) City or Town Globe (c) Location 114 S. 5th St.  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution none In Community 3 months In Arizona 3 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Kansas (b) County Rush (c) City or Town La Cross  
(If outside city limits also write RURAL)  
(d) Street No. \*\*\*\*\* (e) Citizen of foreign country (Yes or No) NO  
If Yes, which country \*\*\* (c) Social Security No none

3. (a) FULL NAME Mrs. Edna Belle Huffman (b) If veteran name war none (c) Social Security No none

4. Sex female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced married

6. (b) Name of husband Charles A. Huffman 6. (c) Age of husband or wife, if alive 70 yrs.

7. Birthdate of deceased April 2 1885  
(Month) (Day) (Year)

8. AGE, Years 63 Months 6 Days 14 hrs. 11 min 11 sec  
If less than one day

9. Birthplace Abilene, Kansas  
(City, town or county) (State or Country)

10. Usual Occupation housewife- teacher

11. Industry or Business housewife- teacher

12. Name Edmond Gary

13. Birthplace unknown  
(City, town or county) (State or Country)

14. Maiden Name Anna Hill

15. Birthplace unknown  
(City, town or county) (State or Country)

16. (a) Informant's own signature Edna B. Huffman  
(b) Address Globe, Ariz.

17. (a) Burial, Cremation or Removal burial  
(b) Place Globe Cemetery (c) Date Oct. 20, 1948

18. (a) Embalmer's Signature Frank B. Pratt  
(b) Funeral Director Frank B. Pratt  
(c) Address 328 S. Hill St. Globe, Ariz.

19. (a) Oct. 18-48  
(Date received Local Registrar)

(b) Drene Wamelle  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct. 16, 1948  
TIME (Hour and minute) 5:55 p.m. M.

21. I hereby certify that I attended the deceased from July 17, 1948 to Oct 16, 1948  
that I last saw her alive on Oct 16, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Obstructive jaundice

Due to Mass in Common duct.

Due to \_\_\_\_\_

Other conditions Carcinoma Left Breast  
(include pregnancy within three months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy Mass soft tissue obstructive Common Bile duct

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Frank B. Pratt M.D.

Address Globe, Ariz. Date signed 10/18/48

DURATION  
3 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically